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	Substitute for form 1449/PTO				Complete if Known		
					Application Number	09/992,491	
	INI	EODMATION	וח וי	SCLOSURE	Filing Date	November 21, 2001	
					First Named Inventor	Gary S. Hahn	
STATEMENT BY APPLICANT					Art Unit	1617	
	(Use as many sheets as necessary)				Examiner Name	Yu, Gina C.	
	Sheet	1	of	2	Attorney Docket Number	Sensory 0003.CON3	

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
nitials*	No.1	Document Number	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant
		Number-Kind Code <sup>2 (If known)</sup>		77	Figures Appear
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			T <sup>6</sup>

Examiner	Date	
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